

RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP: 2600
Patent
Case No.: 59458US002

32692

Customer Number

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: HILL, NICHOLAS P. R.

Application No.: 10/750290 Confirmation No.: 9188

Filed: December 31, 2003

Title: TOUCH SENSITIVE DEVICE EMPLOYING IMPULSE RECONSTRUCTION

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.116

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 13, 2007
Date

Shannon M. Bruce
Signed by: Shannon M. Bruce

Dear Sir:

In response to the Final Office Action mailed June 11, 2007, Applicant submits the present amendment and response.

Fees

Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.

Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723. (One copy of this sheet marked duplicate is enclosed.)

Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.

Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	32	Minus	**	32	0	x \$50.00 \$0.00
Independent Claims	4	Minus	***	3	1	x \$200.00 \$200.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$360.00
Total Additional Fee For This Amendment						\$200.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.						
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.						